

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 16, 1987

ALL COUNTY INFORMATION NOTICE NO. 1-93-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT, FY 1987/88

The Department of Social Services is transmitting the FY 1987/88 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed as soon as cost-of-living information is available and should be returned to the County Administrative Expense Control Bureau.

Pursuant to the process established by the Budget Act of 1985, cost-of-living increases are funded one year in arrears. Consequently, the information for FY 1986/87 is needed at this time. Additionally, information for FY 1987/88 is needed for the FY 1988/89 budgeting process.

The attached statement requires information for the current and prior fiscal year. For FY 1986/87, we are asking for the actual rate of benefits paid in a variety of categories. For FY 1987/88, we are requesting the cost-of-living salary increases granted by the Board of Supervisors, and the computation of the estimated benefit rate. Also, the statement has been modified to capture any cost-of-living increases that will be given to casework staff who are involved with the Greater Avenues for Independence (GAIN) program. An instruction sheet is attached to facilitate completion of the form.

If you have any questions, please contact Chelle Johnson of the County Administrative Expense Control Bureau at (916) 445-8426.

A handwritten signature in cursive script, reading "Robert L. Garcia", is positioned above the typed name.

ROBERT L. GARCIA  
Deputy Director  
Administration

Attachments

cc: CWDA

INSTRUCTIONS FOR COMPLETION OF THE CWD SALARY AND  
BENEFIT STATEMENT (DFA 442) - FISCAL YEAR 1987/88

Supply data in Section I and II in decimal fraction amounts carried out two places (Example: 6.67%). If there is an item that is not applicable, enter "N/A." Please provide detailed back-up information on the data submitted to facilitate verification, if needed.

NOTE: IN SECTION I, IF THE EFFECTIVE DATES OF ANY BENEFIT INCREASES DO NOT START ON JULY 1, PLEASE ANNUALIZE WHERE NECESSARY SO THAT THESE INCREASES WOULD BE ON A STATE FISCAL CYCLE. THIS WILL NOT BE NECESSARY IN SECTION II. THEREFORE, IN SECTION II, PLEASE REFLECT THE ACTUAL SALARY INCREASES REGARDLESS OF THE EFFECTIVE DATES.

Section I: FY 1986/87 and FY 1987/88 average benefits paid by county

Column 1 equals FY 1986/87 Total Paid Contributions divided by FY 1986/87 Salaries. This should include the paid contributions and salaries of staff who were involved with the GAIN program.

Column 2 equals Projected FY 1987/88 Total Paid Contributions divided by Projected FY 1987/88 Salaries. This should include the projected contributions and salaries of staff who are or will be involved with the GAIN program.

Column 3 equals Net Benefit Rate Difference (Column 2 minus Column 1). Total rate, Item g, must equal the sum of Items a through f.

Column 4 is the effective date of FY 1986/87 benefits.

Column 5 is the effective date of FY 1987/88 benefits.

Section II: FY 1987/88 cost-of-living salary increase granted by the County Board of Supervisors

Column 1 is the salary increase amount granted by the county Board of Supervisors. (Note: If a given salary pool (e.g., clerical) had different cost-of-livings granted within that pool, use a weighted average for the pool.)

Column 2 is the effective date of FY 1987/88 salary increases.

Section III: Provide explanation of any changes that would affect any cost category individually or in total, such as a change in the number of workweek hours.

# **CWD SALARY AND BENEFIT STATEMENT - FISCAL YEAR 1987/88**

County \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

## **I. FY 1986/87 and FY 1987/88 Average Benefits Paid by County**

BENEFITS CONTRIBUTION	AVERAGE CWD RATE			EFFECTIVE DATE	
	(1) FY 1986/87	(2) FY 1987/88	(3) NET RATE (Col. 2 - 1)	(4) FY 1986/87	(5) FY 1987/88
a. OASDI .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
b. Retirement .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
State Compensation .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
f. Other: (specify)					
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
g. TOTAL RATE .....	_____ %	_____ %	_____ %	____/____/____	____/____/____

## **II. FY 1987/88 Cost-of-Living Salary Increase Granted by the County Board of Supervisors**

COST OF LIVING	(1) PERCENTAGE GRANTED FY 87/88	(2) EFFECTIVE DATE
a. Eligibility and Nonservices ....	_____ %	____/____/____
b. Clerical Support .....	_____ %	____/____/____
c. Administrative Support .....	_____ %	____/____/____
d. Fraud Investigators .....	_____ %	____/____/____
Social Services .....	_____ %	____/____/____
f. Employment Services .....	_____ %	____/____/____

### **RETURN TO:**

County Administrative Expense Control  
Department of Social Services  
744 P Street, Mail Station 8-200  
Sacramento, California 95814